



APPLICATION FOR APPROVAL OF DECOMMISSIONING OF WATER AND/OR WASTEWATER TREATMENT/REUSE FACILITIES

1. PROJECT INFORMATION: ☐ Interim AOD Requested ☐ Final AOD Requested

Project Name: _____

Project Description: _____

Project Components: (check the applicable components)

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Treatment Facility/Plant | <input type="checkbox"/> PRV Station | <input type="checkbox"/> Recharge/Recovery Facility | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Well | <input type="checkbox"/> Pipeline | <input type="checkbox"/> Reuse Irrigation System | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Storage Tank/Reservoir | <input type="checkbox"/> Disinfection System | <input type="checkbox"/> Reuse Impoundment/Lake | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pump Station | <input type="checkbox"/> Odor Control/Facility System | <input type="checkbox"/> Disposal System/Wetland | |

Required Permits: (check each category where closure of a permit is required)

- | | | |
|---|---|---|
| <input type="checkbox"/> ADEQ AZPDES Permit | <input type="checkbox"/> ADWR U/G Storage Facility Permit | <input type="checkbox"/> POTW Pretreatment Permit |
| <input type="checkbox"/> ADEQ Aquifer Protection Permit | <input type="checkbox"/> ADWR Water Storage Permit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> ADEQ Reclaimed Water Permit | <input type="checkbox"/> ADWR Recovery Well Permit | <input type="checkbox"/> Other: _____ |

2. SYSTEM INFORMATION:

System Type: ☐ Water ☐ Wastewater ☐ Reclaimed Water

System Name: _____ **System ID Number:** _____
System Name (Type or Print) ID (Type or Print)

Owner's Name: _____ **Contact Person:** _____
Owner's Name (Type or Print) Contact Person (Type or Print)

3. SITE INFORMATION:

Location: _____ **Township:** _____ **Range:** _____ **Section:** _____
Nearest City or Town (Type or Print)

Physical Address: _____
Address, City, State, and ZIP Code (Type or Print)

4. DOCUMENTS SUBMITTED WITH THIS APPLICATION: (Check where applicable)

- | | | |
|---|--|---|
| <input type="checkbox"/> Engineer's Certificate of Completion | <input type="checkbox"/> Closure/Remediation Plan/Study/Report | <input type="checkbox"/> Copies of Permits/Certificates |
| <input type="checkbox"/> Engineering Design Report | <input type="checkbox"/> Construction Demolition Test Reports | <input type="checkbox"/> Recorded Legal Easements/Documents |
| <input type="checkbox"/> 'As-Built' Design Drawings | <input type="checkbox"/> Pilot Testing Plan/Study/Report | <input type="checkbox"/> Signed Service or Extension Agreements |
| <input type="checkbox"/> Technical Specifications | <input type="checkbox"/> Water/Soil Quality Analysis Report | <input type="checkbox"/> Sewer Capacity Letter |
| <input type="checkbox"/> Engineering Calculations | <input type="checkbox"/> Validation Testing Plan/Study/Report | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Manufacturer's Documentation | <input type="checkbox"/> Operational Log/Report | |



APPLICATION FOR APPROVAL OF DECOMMISSIONING OF WATER AND/OR WASTEWATER TREATMENT/REUSE FACILITIES

5. ENGINEER OF PROJECT:

Firm Name: _____ **Contact Person:** _____
Firm Name (Type or Print) Contact Person (Type or Print)

Mailing Address: _____
Address, City, State, and ZIP Code (Type or Print)

Telephone: _____ **Fax:** _____ **E-Mail:** _____
Telephone (Type or Print) Fax (Type or Print) E-mail (Type or Print)

6. OWNER OF PROJECT:

Owner's Name: _____ **Contact Person:** _____
Owner's Name (Type or Print) Contact Person (Type or Print)

Mailing Address: _____
Address, City, State, and ZIP Code (Type or Print)

Telephone: _____ **Fax:** _____ **E-Mail:** _____
Telephone (Type or Print) Fax (Type or Print) E-mail (Type or Print)

7. PERSON AUTHORIZING PROJECT:

Name: _____ **Job Title/Affiliation:** _____
Name (Type or Print) Job Title/Affiliation (Type or Print)

Signature: _____ **Date:** _____
Signature Date (Type or Print)

For Internal Use:

Date Submitted: _____	Project No.: _____	Certificate Requested: <input type="checkbox"/> Interim AOD <input type="checkbox"/> Final AOD	EMS Permit Entries:
Site Location Code: _____	Reviewer: _____		<input type="checkbox"/> Flagged as Closed?
Engineer Approving Project:: _____ Name (Type or Print)		Notifications <input type="checkbox"/> Owner <input type="checkbox"/> ADEQ <input type="checkbox"/> Engineer <input type="checkbox"/> ACC <input type="checkbox"/> Sewer Utility <input type="checkbox"/> Other: _____ <input type="checkbox"/> Water Utility	
_____ Signature Date of Approval (Type or Print)			